## STATE TAX COMMISSION APPLICATION FOR TEMPORARY EMPLOYMENT

**Requires Submission of Resume** 

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Type of Position Applied For:			Circle The Location Where You Would Accept Employment				
Social Security Number:	Availability Date:		eur d'Ale viston	ene Boise Twin Falls	Pocatello Idaho Falls		
Mr. Last Name Ms.	Firs	First Name		Middle Initial			
Mailing Address (Street or P.O. Box)							
City, State, Zip Code				Home Phone	Other Phone		
EDUCATION Schools Att	ended After High Sch	ool or spe	ecial Tra	nining Received			
Name	Location City State	From Mo/Yr	To Mo/Yr	Did You Graduate?	Type Of Degree or Diploma		
				☐ Yes ☐ No			
				☐ Yes ☐ No			
				Yes No			
				Yes No			
				☐ Yes ☐ No			

## PLEASE NOTE:

- A background investigation will be conducted on all candidates offered employment. Employment is contingent on favorable completion of the investigation.
- All Tax Commission employees are required to file their tax returns on time as a condition of employment.
- Employment eligibility documentation will be required at enrollment. Minimum age is 16 years old.
- Resume needs to include all post-high school education and applicable work experience and references. A multi-page resume is acceptable.

Complete the application form and mail, or deliver, or fax it and your resume to:

Human Resource Office
Idaho State Tax Commission
800 Park Plaza IV
P.O. Box 36
Boise, Idaho 83722

Fax: (208) 332-6683

nam	show employer and length of time. If the knowledge is obtained through formal course name. If additional space is needed you may continue your response on a separate sheet experience/knowledge in one or more of the following areas.	
	Describe your experience/knowledge in:  1. Answering telephones in a business setting	
2.	Computer skills (list word processing and/or other pertinent software)	
3.	3. Explaining and applying policies and procedures	
4.	4. Researching a variety of sources to collect and compile information	
5.	5. Preparing written reports/business correspondence	
unde	certify that all answers and statements on this application are true and complete to the understand that should an investigation disclose untruthful or misleading answers, my amy name removed from consideration, or my employment with the State terminated.	
Sigr	Signature Date	SS00651-2 12-15-99

In addition to your resume, please describe your areas of experience/knowledge in the following areas. If experience,

**EXPERIENCE**